

102903 15866 U.S. PTO

COMMISSIONER FOR PATENTS
Mail Stop Patent Application
P.O. Box 1450
Alexandria, VA 22313-1450

PATENT APPLICATION
Date: October 29, 2003
File No. 0212.66836

17302 U.S. PTO
10/696643
102903

Sir:

Transmitted herewith for filing pursuant to
35 U.S.C. 111(a), is the patent application of

Inventor(s): Michel et al.

For: SCROLL COLLAR FOR RECIPROCATING SAW

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date

10-29-03
Date

Dan O. Cameron
Express Mail Label No.: EL 846178925 US

Enclosed are:

- (X) 17 pages of specification, including 22 claims and an abstract.
- () an executed oath or declaration, with power of attorney.
- (X) an unexecuted oath or declaration, with power of attorney.
- () sheet(s) of informal drawing(s).
- (X) 2 sheet(s) of formal drawings(s).
- () Assignment(s) of the invention to and Assignment Cover Sheet.
- () A check in the amount of \$ to cover the fee for recording the assignment(s).
- () Information Disclosure Statement, Form PTO-1449 and cited references.
- () Claim for Priority and Priority Document.

Fee Calculation For Claims As Filed

- | | | | | | | |
|--------------------------------------|-----------|---|----|---|------------------|--------------------------------|
| a) Basic Fee | | | | | | \$ 770.00 |
| b) Independent Claims | <u>5</u> | - | 3 | = | <u>2</u> | x \$ 86.00 = \$ <u>172.00</u> |
| c) Total Claims | <u>22</u> | - | 20 | = | <u>2</u> | x \$ 18.00 = \$ <u>36.00</u> |
| d) Fee for Multiple Dependent Claims | | | | | | \$ 290.00 = \$ <u> </u> |
| | | | | | Total Filing Fee | \$ <u>978.00</u> |
- () Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to \$
 - (X) A check in the amount of \$ 978.00 to cover the filing fee is enclosed.
 - () Charge \$ to Deposit Account No. 07-2069.
 - () Other
 - (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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